

DATA SPECIFICATIONS HB/271 - Medical Services Reservation & MSR Reversals 4010 Standard Format

HIPAA - EDI Health Care - Eligibility, Coverage or Benefit Response

Version: Final

Author:	EDS for Medi-Cal
Publication:	June 15, 2004
Trading Partner:	(Provider or Clearinghouse)
Created:	05/13/2004
Modified:	10/29/2004
Current:	10/29/2004
Notes:	For Leased-Line & Dial-Up Submissions

Table of Contents

Eligibility, Coverage or Benefit Response	2
Interchange Control Header	4
Functional Group Header	6
Transaction Set Header	8
Beginning of Hierarchical Transaction	9
Loop 2000	10
Hierarchical Level	11
Trace	12
Request Validation	14
Loop 2100	16
Individual or Organizational Name	17
Reference Identification	19
Geographic Location	20
Administrative Communications Contact	21
Request Validation	22
Demographic Information	24
Date or Time or Period	25
Loop 2110	26
Eligibility or Benefit Information	27
Reference Identification	33
Date or Time or Period	34
Request Validation	35
Message Text	37
Loop Header	38
Loop 2120	39
Individual or Organizational Name	40
Administrative Communications Contact	42
Loop Trailer	43
Transaction Set Trailer	44
Functional Group Trailer	45
Interchange Control Trailer	46
Appendix	47
All Included Elements in All Included Segments	47

271

Eligibility, Coverage or Benefit Response

Functional Group=HB

Guide Updates:

20041021 update: added Dial-Up to the cover page, made the BHT03 Required, changed wording in NM103-05 in Subscriber Loop.

20040623 update: changed code '03' to '00' in ISA01, changed Medi-Cal Note in ISA02 to 'Spaces', added 2 more routing code options to ISA06, removed 'EDS' & routing code from GS02 & from NM109 in level 2100.

20040902 update: changed CIN to Primary ID in NM109 of Subscriber loop, added 'NQ' to REF01 of Subscriber loop, removed spaces from GS08 example, increased maximum segment occurrences in DTP from 5X to 9X & in MSG from 2X to 10X, removed two dashes from '004010X092--' in ISA08, and added some Segment Medi-Cal Notes re. Segment occurrences.

MEDI-CAL NOTE:

All Heading segments will appear in the exact sequence as they appear on page 3. The HL segment, and possibly as many as nine AAA segments for the first occurrence of the 2000 loop will appear for the Information Source-2000A, followed by an NM1 segment, as many as three PER segments, and possibly as many as nine AAA segments for the 2100 loop for the Source. Next, the HL segment for the second occurrence of the 2000 loop will appear for the Information Receiver-2000B (Provider), followed by an NM1 segment, and possibly as many as nine AAA segments for the 2100 Loop for the Provider. Then, the HL segment, and as many as three TRN segments for the third occurrence of the 2000 loop may appear for the Subscriber-2000C, followed by the NM1, REF, N4, AAA, DMG and the DTP segments of the 2100 loop for the Subscriber, then the entire 2110 loop, and finally the entire 2120 loop. Lastly, all the Summary segments will appear in the exact sequence as they appear on page 3.

Important note re. data element separators .. Between the first data element and the second data element (between 'ISA' & ISA01) a data element separator is needed. This is a character which is never used in any of the data fields. For Medi-Cal we use '*' (asterisk). This first data element separator defines the data element separators used through the entire interchange response. A data element separator will always be needed after each data element used, or in place of each data element not used. Exception: no separators are used in place of trailing data elements. Trailing data elements are those which are NOT used and which come between the last data element used and the end of a segment. Also, the last data element used is followed only by a segment terminator (no data element separator).

Important note re. segment terminators .. After the first segment (the ISA Segment) a segment terminator is needed. This is a character which is never used in any of the data fields, and it is different from the data element separator and the component separator (see ISA16). For Medi-Cal we use Hex '0D'. This first segment terminator defines the segment terminators used through the entire interchange response. Segment terminators appear at the end of each segment used. No segment terminator is needed between or in place of segments which are NOT used.

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
010	ISA	Interchange Control Header	M	1			Required
020	GS	Functional Group Header	M	1			Required
030	ST	Transaction Set Header	M	1			Required
040	BHT	Beginning of Hierarchical Transaction	M	1			Required

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2000					3		
060	HL	Hierarchical Level	M	1			Required
070	TRN	Trace	O	3			Situational
080	AAA	Request Validation	O	9			Situational
LOOP ID - 2100					1		
100	NM1	Individual or Organizational Name	M	1			Required
110	REF	Reference Identification	O	9			Situational
120	N4	Geographic Location	O	1			Required
130	PER	Administrative Communications Contact	O	3			Required
140	AAA	Request Validation	O	9			Situational
150	DMG	Demographic Information	O	1			Situational
160	DTP	Date or Time or Period	O	9			Situational
LOOP ID - 2110					≥1		
180	EB	Eligibility or Benefit Information	O	1			Situational
190	REF	Reference Identification	O	9			Situational
200	DTP	Date or Time or Period	O	20			Situational
210	AAA	Request Validation	O	9			Situational
220	MSG	Message Text	O	10			Situational

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
230	LS	Loop Header	O	1			Situational

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2120					1		
250	NM1	Individual or Organizational Name	O	1			Situational
260	PER	Administrative Communications Contact	O	3			Situational

Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
270	LE	Loop Trailer	O	1			Situational
280	SE	Transaction Set Trailer	M	1			Required
290	GE	Functional Group Trailer	M	1			Required
300	IEA	Interchange Control Trailer	M	1			Required

ISA Interchange Control Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

Comments:

1. The first data element separator ('*' for Medi-Cal) defines the data element separators to be used through the entire interchange inquiry.
2. The segment terminator (Hex '0D' for Medi-Cal) used after the ISA segment defines the segment terminator to be used throughout the entire interchange inquiry.

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

ISA*00*.....*00*.....*ZZ*610442.....*ZZ*.....*YYMMDD*HHMM*U*00401*000000001*0*P*~(Hex'0D')

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ISA01	I01	Authorization Information Qualifier Description: Code to identify the type of information in the Authorization Information (ISA02). Code Name 00 No Authorization Information Present (No Meaningful Information in I02)	M	ID	2/2	Required	1
ISA02	I02	Authorization Information Description: Information used for additional identification or authorization of the interchange response sender; the type of information is set by the Authorization Information Qualifier (ISA01). MEDI-CAL NOTE: Spaces.	M	AN	10/10	Required	1
ISA03	I03	Security Information Qualifier Description: Code to identify the type of information in the Security Information (ISA04). Code Name 00 No Security Information Present (No Meaningful Information in I04)	M	ID	2/2	Required	1
ISA04	I04	Security Information Description: This is used for identifying the security information about the interchange response sender; the type of information is set by the Security Information Qualifier (ISA03). MEDI-CAL NOTE: Spaces.	M	AN	10/10	Required	1
ISA05	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the interchange response sender ID element being qualified. This ID qualifies the sender in ISA06. Code Name ZZ Mutually Defined	M	ID	2/2	Required	1
ISA06	I06	Interchange Sender ID Description: Identification code published by the interchange response sender for other parties to use as the receiver ID to route data to them. MEDI-CAL NOTE: '610442', left justify and pad with spaces.	M	AN	15/15	Required	1
ISA07	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the interchange response receiver ID element being qualified. This ID qualifies the receiver in ISA08. Code Name ZZ Mutually Defined	M	ID	2/2	Required	1
ISA08	I07	Interchange Receiver ID Description: Identification code published by the interchange response receiver (sent	M	AN	15/15	Required	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		in ISA06 of the 270 interchange inquiry) for other parties to use as the receiver ID to route data to them. MEDI-CAL NOTE: Provider Number plus Other Intermediary Code, left justify and pad with spaces.					
ISA09	I08	Interchange Date Description: Date of the interchange response. MEDI-CAL NOTE: Date in YYMMDD format.	M	DT	6/6	Required	1
ISA10	I09	Interchange Time Description: Time of the interchange response. MEDI-CAL NOTE: Time in HHMM format.	M	TM	4/4	Required	1
ISA11	I10	Interchange Control Standards Identifier Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange response header and trailer. Code Name U U.S. EDI Community of ASC X12, TDCC, and UCS	M	ID	1/1	Required	1
ISA12	I11	Interchange Control Version Number Description: Code specifying the version number of the interchange response control segments. Code Name 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	M	ID	5/5	Required	1
ISA13	I12	Interchange Control Number Description: Identifying control number, assigned and maintained by the interchange response sender, and must match IEA02. MEDI-CAL NOTE: '000000001'. This number must be identical to IEA02.	M	N9	9/9	Required	1
ISA14	I13	Acknowledgment Requested Description: Code sent by the interchange response receiver, sent in ISA14 of the 270 interchange inquiry, to request an interchange acknowledgment (TA1). Code Name 0 No Acknowledgment Requested	M	ID	1/1	Required	1
ISA15	I14	Usage Indicator Description: Code to indicate whether data enclosed by this interchange response envelope is test, production or information. Code Name P Production Data	M	ID	1/1	Required	1
ISA16	I15	Component Element Separator Description: The component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator. MEDI-CAL NOTE: '~'.	M	AN	1/1	Required	1

GS Functional Group Header

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

GS*HB*610422*.....*CCYYMMDD*HHMMSSDD*000000001*X*004010X092(Hex'0D')

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GS01	479	Functional Identifier Code Description: Code identifying a group of application related transaction sets.	M	ID	2/2	Required	1
		Code Name HB Eligibility, Coverage or Benefit Information (271)					
GS02	142	Application Sender's Code Description: Identification code published by the functional group sender for other parties to use as the receiver ID to route data to them.	M	AN	2/15	Required	1
		MEDI-CAL NOTE: '610442'.					
GS03	124	Application Receiver's Code Description: Identification code published by the functional group receiver (sent in GS02 of the 270 interchange inquiry) for other parties to use as the receiver ID to route data to them.	M	AN	2/15	Required	1
		MEDI-CAL NOTE: Provider Number plus Other Intermediary Code (OI). OI Codes: Spaces for Medi-Cal Providers, 00 for Delta Dental, First 2 digits of OI PIN for OI Providers.					
GS04	373	Date Description: Creation date of the functional group.	M	DT	8/8	Required	1
		MEDI-CAL NOTE: Date in CCYYMMDD format.					
GS05	337	Time Description: Creation time of the functional group, expressed in 24-hour clock time as follows: HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99).	M	TM	8/8	Required	1
		MEDI-CAL NOTE: Time in HHMMSSDD format.					
GS06	28	Group Control Number Description: Identifying control number, assigned and maintained by the functional group sender, and must match GE02.	M	N9	9/9	Required	1
		MEDI-CAL NOTE: '000000001'. This number must be identical to GE02.					
GS07	455	Responsible Agency Code Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element GS08.	M	ID	1/2	Required	1
		MEDI-CAL NOTE: 'X'.					
		Code Name X Accredited Standards Committee X12					
GS08	480	Version / Release / Industry Identifier Code Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; GS08 positions	M	ID	1/12	Required	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers.					
		MEDI-CAL NOTE: '004010X092'.					
		<u>Code</u>		<u>Name</u>			
		004010X092		Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.			

ST Transaction Set Header

Pos: 030	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.
ST*271*000000001(Hex'0D')

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ST01	143	Transaction Set Identifier Code Description: Code uniquely identifying the Transaction Set. Use this code to identify the transaction set ID for the transaction set that will follow the ST segment. Each X12 standard has a transaction set identifier code that is unique to that transaction set. Code Name 271 Eligibility, Coverage or Benefit Information	M	ID	3/3	Required	1
ST02	329	Transaction Set Control Number Description: Identifying control number, assigned and maintained by the transaction set sender, and must match SE02. MEDI-CAL NOTE: '000000001'. This number must be identical to SE02.	M	N9	9/9	Required	1

BHT Beginning of Hierarchical Transaction

Pos: 040 Max: 1
Heading - Mandatory
Loop: N/A Elements: 5

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

BHT*0022*11*66666*CCYYMMDD*HHMMSSDD(Hex'0D')

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
BHT01	1005	Hierarchical Structure Code Description: Code indicating the hierarchical application structure of the transaction set that utilizes the HL segment to define the structure of the transaction set. This code specifies the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present. For example, if code "0022" is used, the dependent level may or may not be present for each subscriber (and it is not present for Medi-Cal transactions). Code Name 0022 Information Source, Information Receiver, Subscriber, Dependent	M	ID	4/4	Required	1
BHT02	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction set. Code Name 11 Response	M	ID	2/2	Required	1
BHT03	127	Reference Identification Description: This element is to be used to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier is not to be passed through the complete life of the transaction, rather replaced with the identifier received in the 270. Industry: Submitter Transaction Identifier MEDI-CAL NOTE: An additional identifier if one was sent in BHT03 of the 270 transaction inquiry.	M	AN	1/30	Required	1
BHT04	373	Date Description: Generation date of the transaction set. Industry: Transaction Set Creation Date MEDI-CAL NOTE: Date in CCYYMMDD format.	O	DT	8/8	Situational	1
BHT05	337	Time Description: Generation time of the transaction set, expressed in 24-hour clock time as follows: HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). Industry: Transaction Set Creation Time MEDI-CAL NOTE: Time in HHMMSSDD format.	O	TM	8/8	Situational	1

Loop 2000

Pos: 050	Repeat: 3
	Mandatory
Loop: 2000	Elements:
	N/A

MEDI-CAL NOTE:

The HL segment, and possibly as many as nine AAA segments for the first occurrence of the 2000 loop will be present (the Source-2000A). The HL segment for the second occurrence of the 2000 loop will be present (the Provider-2000B). Then the HL segment, and as many as three TRN segments for the third occurrence of the 2000 loop may be present (the Subscriber-2000C).

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
060	HL	Hierarchical Level	M	1		Required
070	TRN	Trace	O	3		Situational
080	AAA	Request Validation	O	9		Situational
090		Loop 2100	M		1	Required

HL Hierarchical Level

Pos: 060	Max: 1
Detail - Mandatory	
Loop: 2000	Elements: 4

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

First loop (Source) example:

HL*1**20*1(Hex'0D')

Second loop (Provider) example:

HL*2*1*21*1(Hex'0D')

Third loop (Subscriber) example:

HL*3*2*22*0(Hex'0D')

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	Hierarchical ID Number Description: A unique number assigned by the transaction set sender to identify a particular data segment in a hierarchical structure. Use the sequentially assigned positive number to identify each specific occurrence of an HL segment within the transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE). MEDI-CAL NOTE: '1' if HL03 = 20, '2' if HL03 = 21, '3' if HL03 = 22.	M	AN	1/1	Required	1
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate. Use this ID number to identify the specific hierarchical level to which this level is subordinate. MEDI-CAL NOTE: When HL03 = 20 this data element is skipped (a data element separator in it's place), otherwise a '1' if HL03 = 21, or a '2' if HL03 = 22.	O	AN	1/1	Situational	1
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment. Code Name 20 Information Source Description: Identifies the payor, maintainer, or source of the information. 21 Information Receiver Description: Identifies the provider or party(ies) who are the recipient(s) of the information. 22 Subscriber Description: Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits. Use the subscriber level to identify the insured or subscriber of the health care coverage. This entity may or may not be the actual patient.	M	ID	1/2	Required	1
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described. MEDI-CAL NOTE: '1' if HL03 = 20 or 21, '0' if HL03 = 22. Code Name 0 No Subordinate HL Segment in This Hierarchical Structure. 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	O	ID	1/1	Situational	1

TRN Trace

Pos: 070	Max: 3
Detail - Optional	
Loop: 2000	Elements: 4

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

TRN*2**1.....*(Hex'0D')

TRN*2**3.....*(Hex'0D')

TRN*1**9610442...(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2000 loop for the Subscriber, and it can occur 3 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep						
TRN01	481	<p>Trace Type Code</p> <p>Description: Code identifying which transaction is being referenced.</p> <p>MEDI-CAL NOTE: '2' for Provider and/or Clearinghouse Trace Numbers, and '1' for the EVC Number.</p> <table><tr><th>Code</th><th>Name</th></tr><tr><td>1</td><td><p>Current Transaction Trace Numbers</p><p>Description: The term “Current Transaction Trace Numbers” refers to trace or reference numbers assigned by the creator of the 271 transaction (the information source).</p><p>MEDI-CAL NOTE:</p><p>If a clearinghouse has assigned a TRN segment and intends on returning their TRN segment in the 271 response to the information receiver, they must convert the value in TRN01 to “1” (since it will be returned by the information source as a “2”).</p></td></tr><tr><td>2</td><td><p>Referenced Transaction Trace Numbers</p><p>Description: The term “Referenced Transaction Trace Numbers” refers to trace or reference numbers originally sent in the 270 transaction and now returned in the 271.</p></td></tr></table>	Code	Name	1	<p>Current Transaction Trace Numbers</p> <p>Description: The term “Current Transaction Trace Numbers” refers to trace or reference numbers assigned by the creator of the 271 transaction (the information source).</p> <p>MEDI-CAL NOTE:</p> <p>If a clearinghouse has assigned a TRN segment and intends on returning their TRN segment in the 271 response to the information receiver, they must convert the value in TRN01 to “1” (since it will be returned by the information source as a “2”).</p>	2	<p>Referenced Transaction Trace Numbers</p> <p>Description: The term “Referenced Transaction Trace Numbers” refers to trace or reference numbers originally sent in the 270 transaction and now returned in the 271.</p>	M	ID	1/2	Required	1
Code	Name												
1	<p>Current Transaction Trace Numbers</p> <p>Description: The term “Current Transaction Trace Numbers” refers to trace or reference numbers assigned by the creator of the 271 transaction (the information source).</p> <p>MEDI-CAL NOTE:</p> <p>If a clearinghouse has assigned a TRN segment and intends on returning their TRN segment in the 271 response to the information receiver, they must convert the value in TRN01 to “1” (since it will be returned by the information source as a “2”).</p>												
2	<p>Referenced Transaction Trace Numbers</p> <p>Description: The term “Referenced Transaction Trace Numbers” refers to trace or reference numbers originally sent in the 270 transaction and now returned in the 271.</p>												
TRN02	127	<p>Reference Identification</p> <p>Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.</p> <p>Industry: Trace Number</p> <p>MEDI-CAL NOTE: A provider and/or clearinghouse trace number when TRN01 = '2', and an EVC Number when TRN01 = '1'. The EVC number will always be contained in the last repeat of the TRN segment.</p>	M	AN	1/30	Required	1						
TRN03	509	<p>Originating Company Identifier</p> <p>Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9.</p> <p>Industry: Trace Assigning Entity Identifier</p> <p>MEDI-CAL NOTE: When TRN01 = 1 then '9610442', left justified & padded with spaces.</p>	O	AN	10/10	Situational	1						
TRN04	127	<p>Reference Identification</p> <p>Description: Reference information as defined for a particular transaction set or as specified by the Reference Identification Qualifier.</p>	O	AN	1/30	Situational	1						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Industry: Trace Assigning Entity Additional Identifier					
		MEDI-CAL NOTE: Additional identifying information only when TRN01 = 2.					

AAA Request Validation

Pos: 080	Max: 9
Detail - Optional	
Loop: 2000	Elements: 3

User Option (Usage): Situational

Comments:

1. Use of this segment at this location is to identify reasons why a request cannot be processed based on the entities identified in ISA06, ISA08, GS02 or GS03.

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

AAA*N**41*P(Hex'0D')

AAA*N**42*R(Hex'0D')

AAA*Y**41*S(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the first occurrence of the 2000 loop for the Source, and it can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AAA01	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response. Industry: Valid Request Indicator MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes. Code Name N No Description: Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. Y Yes Description: Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	M	ID	1/1	Required	1
AAA03	901	Reject Reason Code Description: Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully by the entity identified in either ISA06, ISA08, GS02 or GS03. MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes. Code Name 04 Authorized Quantity Exceeded Description: Use this code to indicate that the transaction exceeds the number of patient requests allowed by the entity identified in either ISA08 or GS03. See section 1.3.3 Business Uses for more information regarding the number of patient requests allowed in a transaction. This is not to be used to indicate that the number of patient requests exceeds the number allowed by the Information Source identified in Loop 2100A. 41 Authorization/Access Restrictions Description: Use this code to indicate that the entity identified in GS02 is not authorized to submit 270 transactions to the entity identified in either ISA08 or GS03. This is not to be used to indicate Authorization/Access Restrictions as related to the Information Source Identified in Loop 2100A. 42 Unable to Respond at Current Time Description: Use this code to indicate that the entity identified in either ISA08 or GS03 is unable to process the transaction at the current time. This indicates that there is a problem within the systems of the entity identified in either ISA08 or GS03 and is not related to any problem with the Information Source Identified in Loop 2100A. 79 Invalid Participant Identification Description: Use this code to indicate that the value in either GS02 or GS03 is invalid.	M	ID	2/2	Required	1
AAA04	889	Follow-up Action Code Description: Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable). MEDI-CAL NOTE: See Appendix A: AAA	M	ID	1/1	Required	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
Segment Table of Rejection codes.							
		<u>Code</u> <u>Name</u>					
		C Please Correct and Resubmit					
		N Resubmission Not Allowed					
		P Please Resubmit Original Transaction					
		R Resubmission Allowed					
		S Do Not Resubmit; Inquiry Initiated to a Third Party					
		Y Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly					

Loop 2100

Pos: 090	Repeat: 1
Mandatory	
Loop: 2100	Elements:
	N/A

MEDI-CAL NOTE:

The NM1 segment, as many as three PER segments, and possibly as many as nine AAA segments for the first occurrence of the 2100 loop may be present for the (the Source-2100A). The NM1 segment, and possibly as many as nine AAA segments for the second occurrence of the 2100 Loop may be present (the Provider-2100B). Then the NM1, REF, N4, AAA, DMG and the DTP segments for the third occurrence of the 2100 loop may be present (the Subscriber-2100C).

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
100	NM1	Individual or Organizational Name	M	1		Required
110	REF	Reference Identification	O	9		Situational
120	N4	Geographic Location	O	1		Required
130	PER	Administrative Communications Contact	O	3		Required
140	AAA	Request Validation	O	9		Situational
150	DMG	Demographic Information	O	1		Situational
160	DTP	Date or Time or Period	O	9		Situational
170		Loop 2110	O		>1	Situational

NM1 Individual or Organizational Name

Pos: 100 Max: 1
Detail - Mandatory
Loop: 2100 Elements: 7

User Option (Usage): Required

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

First loop (Source) example:

NM1*PR*2*Medi-Cal*****46*610442(Hex'0D')

Second loop (Provider) example:

NM1*1P*1*.*.*SV*.....(Hex'0D')

NM1*1P*2*****SV*.....(Hex'0D')

Third loop (Subscriber) example:

NM1*IL*1*.....*.*.*MI*.....(Hex'0D')

MEDI-CAL NOTE:

No data element separator (**) is needed for 'trailing' data elements.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual. Code Name 1P Provider IL Insured or Subscriber PR Payer	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity. This code indicates whether the entity is an individual person or an organization. MEDI-CAL NOTE: '1' will always appear when NM101 = IL, or '2' when NM101 = PR. When NM101 = 1P: '1' for Person when the Provider is doing business as a sole proprietor, otherwise '2' for Non-Person Entity. Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name. Industry: Information Source Last or Organization Name ... or, Subscriber Last Name MEDI-CAL NOTE: 'MEDI-CAL' when NM101 = PR, or Subscriber last name and when NM101 = IL AND NM102 = 1, unless a rejection response is generated.	O	AN	1/35	Situational	1
NM104	1036	Name First Description: Individual first name. Use this name for the subscriber's first name. Industry: Subscriber First Name MEDI-CAL NOTE: Subscriber's first name, when entered, if NM101 = IL AND NM102 = 1, unless a rejection response is generated.	O	AN	1/25	Situational	1
NM105	1037	Initial Middle Description: Individual middle name or initial. Use this name for the subscriber's	O	AN	1/25	Situational	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		middle name or initial. Industry: Subscriber Middle Name or Middle Initial. MEDI-CAL NOTE: Subscriber's middle initial, when a middle name or initial is entered, and if NM101 = IL AND NM102 = 1, unless a rejection response is generated.					
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (NM109). Use this element to qualify the identification number submitted in NM109. MEDI-CAL NOTE: '46' when NM101 = PR, 'SV' when NM101 = 1P, and 'MI' when NM101 = IL. Code Name 46 Electronic Transmitter Identification Number (ETIN) Description: A unique number assigned to each transmitter and software developer MI Member Identification Number SV Service Provider Number	M	ID	1/2	Required	1
NM109	67	Identification Code Description: Code identifying a party or other code. Use this code for the reference number as qualified by the preceding data element (NM108). Industry: Information Source Primary Identifier, or Information Receiver Identification Number, or Subscriber Primary Identifier MEDI-CAL NOTE: '610442' when NM108 = 46, or the Provider number plus Other Intermediary Code when NM108= SV, or the Subscriber (Recipient) Primary ID Number when NM108 = MI.	M	AN	2/30	Required	1

REF Reference Identification

Pos: 110	Max: 9
Detail - Optional	
Loop: 2100	Elements: 2

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

REF*A6*.....(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2100 loop for the Subscriber, and it can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification. MEDI-CAL NOTE: Do not use the same identifier entered in NM109 of loop 2100-Subscriber.	M	ID	2/3	Required	1
		Code Name					
	18	Plan Number Description: The unique identification number assigned for a defined contribution plan					
	1L	Group or Policy Number Use this code only if it cannot be determined if the number is a Group Number or a Policy number. Use codes IG or 6P when they can be determined.					
	1W	Member Identification Number Use only if Loop 2100C NM108 contains ZZ, and is prior to the mandated use of the HIPAA Unique Patient Identifier.					
	3H	Case Number					
	6P	Group Number					
	A6	Employee Identification Number					
	EA	Medical Record Identification Number Description: A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records.					
	EJ	Patient Account Number Description: A unique number assigned to each patient by the provider of service to facilitate retrieval of individual case records tracking of claims submitted to a payer and posting of payment.					
	IG	Insurance Policy Number					
	N6	Plan Network Identification Number Description: A number assigned to identify a specific health care network that provides health care services to insured members					
	NQ	Medicaid Subscriber Identification Number Description: Unique identification number assigned to each member covered under a subscriber's contract. See segment note 2.					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Industry: Subscriber Supplemental Identifier MEDI-CAL NOTE: Do not use the same number entered in NM109 of loop 2100-Subscriber.	M	AN	1/30	Required	1

N4 Geographic Location

Pos: 120	Max: 1
Detail - Optional	
Loop: 2100	Elements: 2

User Option (Usage): Required

Syntax:

1. C0605 - If N406 is present, then all of N405 are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

N4*****CY*..(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2100 loop (the Subscriber).

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N405	309	Location Qualifier Description: Code identifying type of location.	O	ID	1/2	Situational	1
		Code Name CY County/Parish					
N406	310	Location Identifier Description: Code which identifies a specific location.	O	AN	1/2	Situational	1
		Industry: Location Identification Code ExternalCodeList Name: 43 Description: FIPS-55 (Named Populated Places)					

PER Administrative Communications Contact

Pos: 130	Max: 3
Detail - Optional	
Loop: 2100	Elements: 4

User Option (Usage): Required

Syntax:

1. P0304 - If either PER03,PER04 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

PER*IC*POS HELP HESK*TE*8004271295(Hex'0D')

PER*IC*.*TE*.(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the first occurrence of the 2100 loop for the Source, and it can occur 3 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named. Code Name IC Information Contact	M	ID	2/2	Required	1
PER02	93	Name Description: Free-form name. Use this name for the individual's name or group's name to use when contacting the individual or organization. Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1). Industry: Subscriber Contact Name MEDI-CAL NOTE: 'POS Help Desk Toll Free Number' or 'Voice AEVS'.	O	AN	1/60	Situational	1
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number. Code Name TE Telephone	O	ID	2/2	Situational	1
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable. This number is for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number. Industry: Subscriber Contact Number MEDI-CAL NOTE: '8005415555' or '8004562387'.	O	AN	1/10	Situational	1

AAA Request Validation

Pos: 140	Max: 9
Detail - Optional	
Loop: 2100	Elements: 3

User Option (Usage): Situational

Comments:

1. For the first loop of 2100 for the Source, use this segment to indicate problems in processing the transaction specifically related to the information source data contained in the original 270 transaction's information source name loop (Loop 2100A) or to indicate that the information source itself is experiencing system problems.
2. For the second loop of 2100 for the Provider, use this segment to indicate problems in processing the transaction specifically related to the information receiver data contained in the original 270 transaction's information receiver name loop (Loop 2100B).
3. For the third loop of 2100 for the Subscriber, use this segment to indicate problems in processing the transaction specifically related to the data contained in the original 270 transaction's subscriber name loop (Loop 2100C).

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

First loop (Source) examples:

AAA*N**42*N(Hex'0D')

AAA*N**79*P(Hex'0D')

AAA*Y**80*R(Hex'0D')

Second loop (Provider) examples:

AAA*N**15*S(Hex'0D')

AAA*N**50*W(Hex'0D')

AAA*Y**51*X(Hex'0D')

Third loop (Subscriber) examples:

AAA*N**43*N(Hex'0D')

AAA*N**75*S(Hex'0D')

AAA*Y**76*Y(Hex'0D')

MEDI-CAL NOTE:

This segment can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AAA01	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response. Industry: Valid Request Indicator MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes. Code Name N No Description: Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. Y Yes Description: Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	M	ID	1/1	Required	1
AAA03	901	Reject Reason Code Description: Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content. MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes. Code Name 04 Authorized Quantity Exceeded 15 Required application data missing 41 Authorization/Access Restrictions 42 Unable to Respond at Current Time Description: Use this code in a batch environment where an information source returns all requests from the 270 in the 271 and identifies "Unable to Respond at Current Time" for each individual request (subscriber or dependent) within the transaction that they were unable to process for reasons other than data content (such as their system is down or timed out when generating a response). 43 Invalid/Missing Provider Identification 44 Invalid/Missing Provider Name	M	ID	2/2	Required	1

Code Name

45	Invalid/Missing Provider Specialty
46	Invalid/Missing Provider Phone Number
47	Invalid/Missing Provider State
48	Invalid/Missing Referring Provider Identification Number
49	Provider is Not Primary Care Physician
50	Provider Ineligible for Inquiries
51	Provider Not on File
52	Service Dates Not Within Provider Plan Enrollment
56	Inappropriate Date
57	Invalid/Missing Date(s) of Service
58	Invalid/Missing Subscriber Birth Date
60	Subscriber Birth Date Follows Date(s) of Service
61	Date of Death Precedes Date(s) of Service
62	Service Date Not Within Allowable Inquiry Period
63	Service Date in Future
64	Invalid/Missing Patient ID
65	Invalid/Missing Patient Name
66	Invalid/Missing Patient Gender Code
67	Patient Not Found
68	Duplicate Patient ID Number
71	Subscriber Birth Date Does Not Match That for the Patient on the Database
72	Invalid/Missing Subscriber/Insured ID
73	Invalid/Missing Subscriber/Insured Name
74	Invalid/Missing Subscriber/Insured Gender Code
75	Subscriber/Insured Not Found
76	Duplicate Subscriber/Insured ID Number
77	Subscriber Found, Patient Not Found
78	Subscriber/Insured Not in Group/Plan Identified
79	Invalid Participant Identification
80	No Response received - Transaction Terminated
97	Invalid or Missing Provider Address
T4	Payer Name or Identifier Missing

AAA04	889	Follow-up Action Code	M	ID	1/1	Required	1
-------	-----	------------------------------	---	----	-----	----------	---

Description: Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.

Code Name

C	Please Correct and Resubmit
N	Resubmission Not Allowed
P	Please Resubmit Original Transaction
R	Resubmission Allowed
Description: Use only when AAA03 is "42".	
S	Do Not Resubmit; Inquiry Initiated to a Third Party
W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
Description: Use only when AAA03 is "42".	

DMG Demographic Information

Pos: 150	Max: 1
Detail - Optional	
Loop: 2100	Elements: 3

User Option (Usage): Situational

Syntax:

1. P0102 - If either DMG01,DMG02 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

DMG*D8*CCYYMMDD*M(Hex'0D')

DMG*D8*CCYYMMDD*F(Hex'0D')

DMG*D8*CCYYMMDD*U(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2100 loop for the Subscriber.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format. Use this code to indicate the format of the subscriber birth date that follows in DMG02. Code Name D8 Date Expressed in Format CCYYMMDD	O	ID	2/2	Situational	1
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times. This date for the Subscriber birth date of the individual. Industry: Subscriber Birth Date MEDI-CAL NOTE: Subscriber Birth Date in CCYYMMDD format.	O	DT	8/8	Situational	1
DMG03	1068	Gender Code Description: Code indicating the sex of the individual. Industry: Subscriber Gender Code Code Name F Female M Male U Unknown	O	ID	1/1	Situational	1

DTP Date or Time or Period

Pos: 160	Max: 9
Detail - Optional	
Loop: 2100	Elements: 3

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

DTP*102*D8*CCYYMMDD(Hex'0D')

DTP*307*RD8*CCYYMMDD-CCYYMMDD(Hex'0D')

DTP*458*D8*CCYYMMDD(Hex'0D')

DTP*472*RD8*CCYYMMDD-CCYYMMDD(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2100 loop for the Subscriber, and it can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time. Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name					
		102 Issue					
		307 Eligibility					
		Description: Range of dates when the subscriber or dependent were eligible for benefits.					
		458 Certification					
		Description: Date of a document attesting to a fact.					
		472 Service					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format. DTP02 is the date or time or period format that will appear in DTP03.	M	ID	2/3	Required	1
		Code Name					
		D8 Date Expressed in Format CCYYMMDD					
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
		Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date.					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times. MEDI-CAL NOTE: A date in CCYYMMDD-CCYYMMDD format if DTP01 = 307, else date in CCYYMMDD format.	M	AN	8/17	Required	1

Loop 2110

Pos: 170	Repeat: >1
	Optional
Loop: 2110	Elements: N/A

MEDI-CAL NOTE:

All the segments may be present for the third occurrence of the 2110 loop (the Subscriber-2110C).

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
180	EB	Eligibility or Benefit Information	O	1		Situational
190	REF	Reference Identification	O	9		Situational
200	DTP	Date or Time or Period	O	20		Situational
210	AAA	Request Validation	O	9		Situational
220	MSG	Message Text	O	10		Situational
230	LS	Loop Header	O	1		Situational
240		Loop 2120	O		1	Situational
270	LE	Loop Trailer	O	1		Situational

EB Eligibility or Benefit Information

Pos: 180	Max: 1
Detail - Optional	
Loop: 2110	Elements: 11

User Option (Usage): Situational

Syntax:

1. P0910 - If either EB09,EB10 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

EB*1*FAM*96*GP*.7*445*20*DY*21*Y(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2110 loop for the Subscriber.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
EB01	1390	Eligibility or Benefit Information Description: Code identifying eligibility or benefit information. This may be the eligibility status of the individual or the benefit related category that is being further described in the following data elements. This data element also qualifies the data in elements EB06 through EB10. Mode: Automatic Control: Text Code Name 1 Active Coverage 2 Active - Full Risk Capitation 3 Active - Services Capitated 4 Active - Services Capitated to Primary Care Physician 5 Active - Pending Investigation 6 Inactive 7 Inactive - Pending Eligibility Update 8 Inactive - Pending Investigation A Co-Insurance B Co-Payment C Deductible D Benefit Description E Exclusions F Limitations G Out of Pocket (Stop Loss) H Unlimited I Non-Covered J Cost Containment K Reserve L Primary Care Provider M Pre-existing Condition N Services Restricted to Following Provider O Not Deemed a Medical Necessity P Benefit Disclaimer Description: Not recommended. See section 1.3.10 Disclaimers Within the Transaction. Q Second Surgical Opinion Required R Other or Additional Payor S Prior Year(s) History T Card(s) Reported Lost/Stolen U Contact Following Entity for Eligibility or Benefit Information V Cannot Process W Other Source of Data X Health Care Facility Y Spend Down CB Coverage Basis MC Managed Care Coordinator	M	ID	1/2	Required	1
EB02	1207	Coverage Level Code Description: Code indicating the level of coverage being provided for this insured. It identifies the types and number of entities that are covered by the insurance plan.	O	ID	3/3	Situational	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
Industry: Benefit Coverage Level Code							
Code Name							
CHD Children Only							
DEP Dependents Only							
ECH Employee and Children							
EMP Employee Only							
ESP Employee and Spouse							
FAM Family							
IND Individual							
SPC Spouse and Children							
SPO Spouse Only							
EB03	1365	Service Type Code	O	ID	1/2	Situational	1
Description: Code identifying the classification of service. If a service type code is sent by an information receiver that is not supported by the information source, the information source must respond with at least a service type code of 30 - Health Benefit Plan Coverage.							
Code Name							
1 Medical Care							
2 Surgical							
3 Consultation							
4 Diagnostic X-Ray							
5 Diagnostic Lab							
6 Radiation Therapy							
7 Anesthesia							
8 Surgical Assistance							
9 Other Medical							
10 Blood Charges							
11 Used Durable Medical Equipment							
12 Durable Medical Equipment Purchase							
13 Ambulatory Service Center Facility							
14 Renal Supplies in the Home							
15 Alternate Method Dialysis							
16 Chronic Renal Disease (CRD) Equipment							
17 Pre-Admission Testing							
18 Durable Medical Equipment Rental							
19 Pneumonia Vaccine							
20 Second Surgical Opinion							
21 Third Surgical Opinion							
22 Social Work							
23 Diagnostic Dental							
24 Periodontics							
25 Restorative							
26 Endodontics							
27 Maxillofacial Prosthetics							
28 Adjunctive Dental Services							
30 Health Benefit Plan Coverage							
Description: Use this code if only a single category of benefits can be supported.							
32 Plan Waiting Period							
33 Chiropractic							
34 Chiropractic Office Visits							
35 Dental Care							
36 Dental Crowns							
37 Dental Accident							
38 Orthodontics							
39 Prosthodontics							
40 Oral Surgery							
41 Routine (Preventive) Dental							
42 Home Health Care							
43 Home Health Prescriptions							
44 Home Health Visits							
45 Hospice							
46 Respite Care							
47 Hospital							
48 Hospital - Inpatient							
49 Hospital - Room and Board							
50 Hospital - Outpatient							
51 Hospital - Emergency Accident							
52 Hospital - Emergency Medical							
53 Hospital - Ambulatory Surgical							

Code	Name
54	Long Term Care
55	Major Medical
56	Medically Related Transportation
57	Air Transportation
58	Cabulance
59	Licensed Ambulance
60	General Benefits
61	In-vitro Fertilization
62	MRI/CAT Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
66	Pathology
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
81	Routine Physical
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
87	Cancer
88	Pharmacy
89	Free Standing Prescription Drug
90	Mail Order Prescription Drug
91	Brand Name Prescription Drug
92	Generic Prescription Drug
93	Podiatry
94	Podiatry - Office Visits
95	Podiatry - Nursing Home Visits
96	Professional (Physician)
97	Anesthesiologist
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A1	Professional (Physician) Visit - Nursing Home
A2	Professional (Physician) Visit - Skilled Nursing Facility
A3	Professional (Physician) Visit - Home
A4	Psychiatric
A5	Psychiatric - Room and Board
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
A9	Rehabilitation
AA	Rehabilitation - Room and Board
AB	Rehabilitation - Inpatient
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AH	Skilled Nursing Care - Room and Board
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AM	Frames
AN	Routine Exam
AO	Lenses
AQ	Nonmedically Necessary Physical

Code Name

Description: These physicals are required by other entities e.g., insurance application, pilot license, employment or school

AR Experimental Drug Therapy
BA Independent Medical Evaluation
BB Partial Hospitalization (Psychiatric)
BC Day Care (Psychiatric)
BD Cognitive Therapy
BE Massage Therapy
BF Pulmonary Rehabilitation
BG Cardiac Rehabilitation
BH Pediatric
BI Nursery
BJ Skin
BK Orthopedic
BL Cardiac
BM Lymphatic
BN Gastrointestinal
BP Endocrine
BQ Neurology
BR Eye
BS Invasive Procedures

EB04 1336 **Insurance Type Code** O ID 1/3 Situational 1

Description: Code identifying the type of insurance policy within a specific insurance program.

Code Name

D Disability
Description: Provides periodic payments to replace income when an insured person is unable to work as a result of illness, injury or disease.

12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
13 Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan
14 Medicare Secondary, No-fault Insurance including Auto is Primary
15 Medicare Secondary Worker's Compensation
16 Medicare Secondary Public Health Service (PHS) or Other Federal Agency
41 Medicare Secondary Black Lung
42 Medicare Secondary Veteran's Administration
43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
47 Medicare Secondary, Other Liability Insurance is Primary
AP Auto Insurance Policy
C1 Commercial
CO Consolidated Omnibus Budget Reconciliation Act (COBRA)
CP Medicare Conditionally Primary
DB Disability Benefits
EP Exclusive Provider Organization
Description: Gives subscriber a choice of providers from an approved/contracted payer list; there are fixed dollar co-payments for most covered services in return for using plan providers.

FF Family or Friends
GP Group Policy
Description: Two or more people who are part of complete unit who enter into an insurance contract with an insurance company.

HM Health Maintenance Organization (HMO)
HN Health Maintenance Organization (HMO) - Medicare Risk
HS Special Low Income Medicare Beneficiary
Description: An individual eligible for Medicare for whom Medicaid pays only Medicare premiums.

IN Indemnity
Description: Gives a subscriber the choice to select any provider. Payment is fixed percentage of the cost for covered care after satisfying an annual deductible.

IP Individual Policy
LC Long Term Care
Description: Coverage designed to help pay for some or all long term care costs, reducing the risk that a policy-holder would need to deplete all of his or her assets to pay for long term care.

LD Long Term Policy
LI Life Insurance
LT Litigation
MA Medicare Part A
MB Medicare Part B
MC Medicaid
Description: Program of health care services made available to medically indigent and other needy persons, regardless of age, under terms of a 1965 amendment to the U.S. Social Security Act.

Code Name

MH	Medigap Part A	Description: Health insurance policy intended to cover the non-covered portion of expenses eligible for Medicare Part A reimbursement which must be paid by a Medicare beneficiary for health care services and/or supplies received.				
MI	Medigap Part B	Description: Health insurance policy intended to cover the non-covered portion of expenses eligible for Medicare Part B reimbursement which must be paid by a Medicare beneficiary for health care services and/or supplies received.				
MP	Medicare Primary	Description: Medicare has the primary responsibility to pay for health care services and/or supplies received by a covered beneficiary (a person entitled to medicare benefits).				
OT	Other					
PE	Property Insurance - Personal					
PL	Personal					
PP	Personal Payment (Cash - No Insurance)					
PR	Preferred Provider Organization (PPO)					
PS	Point of Service (POS)					
QM	Qualified Medicare Beneficiary	Description: Coverage for a Medicare eligible individual for whom Medicaid pays only for Medicare premiums, co-insurance, and deductibles.				
RP	Property Insurance - Real					
SP	Supplemental Policy	Description: An insurance policy intended to cover non-covered charges of another insurance policy.				
TF	Tax Equity Fiscal Responsibility Act (TEFRA)					
WC	Workers Compensation	Description: Coverage provides medical treatment, rehabilitation, lost wages and related expenses arising from a job related injury or disease.				
WU	Wrap Up Policy	Description: A Workers Compensation Policy written for a specific job site, which will include or cover more than one insured.				

EB05	1204	Plan Coverage Description	O	AN	1/50	Situational	1
------	------	----------------------------------	---	----	------	-------------	---

Description: A description or number that identifies the plan or coverage. This will be free-form text to convey the specific product name for an insurance plan.

MEDI-CAL NOTE: 'CMSP' or 'CHDP' or 'Fee For SVC Medi-Cal For Dental Care' or 'Fee For SVC Medi-Cal For Non-Psychiatric SVCs'.

EB06	615	Time Period Qualifier	O	ID	1/2	Situational	1
------	-----	------------------------------	---	----	-----	-------------	---

Description: Code defining periods for the time period category for the benefits being described when needed to qualify benefit availability.

Code Name

6	Hour
7	Day
13	24 Hours
21	Years
22	Service Year
23	Calendar Year
24	Year to Date
25	Contract
26	Episode
27	Visit
28	Outlier
29	Remaining
30	Exceeded
31	Not Exceeded
32	Lifetime
33	Lifetime Remaining
34	Month
35	Week
36	Admission

EB07	782	Monetary Amount	O	R	1/7	Situational	1
------	-----	------------------------	---	---	-----	-------------	---

Description: Monetary amount. Use this monetary amount as qualified by EB01, used if eligibility or benefit must be qualified by a monetary amount; e.g., deductible, co-payment.

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
EB08	954	Industry: Benefit Amount Percent Description: Percentage expressed as a decimal, used as a percentage rate as qualified by EB01. Used if eligibility or benefit must be qualified by a percentage; e.g., co-insurance.	O	R	1/3	Situational	1
EB09	673	Industry: Benefit Percent Quantity Qualifier Description: Code specifying the type of quantity, used to identify the type of units that are being conveyed in the following data element (EB10). Code Name 99 Quantity Used Description: Quantity of units used. CA Covered - Actual Description: Days covered on this service. CE Covered - Estimated Description: Estimated days covered on this service. DB Deductible Blood Units Description: Amount of blood units not reimbursed due to plan deductible limits. DY Days HS Hours LA Life-time Reserve - Actual Description: Medicare hospital insurance includes extra hospital days to be used if the patient has a long illness and is required to stay in the hospital over a specified number of days; this is the actual number of days in reserve. LE Life-time Reserve - Estimated Description: Medicare hospital insurance includes extra hospital days to be used if the patient has a long illness and is required to stay in the hospital over a specified number of days; this is an estimate of the number of days in reserve. MN Month P6 Number of Services or Procedures QA Quantity Approved Description: Quantity allowed by the company processing the claim. S7 Age, High Value Description: Use this code when a benefit is based on a maximum age for the patient. S8 Age, Low Value Description: Use this code when a benefit is based on a minimum age for the patient. VS Visits YY Years	O	ID	2/2	Situational	1
EB10	380	Quantity Description: Numeric value of quantity, used for the quantity value as qualified by the preceding data element (EB09).	O	R	1/15	Situational	1
EB11	1073	Industry: Benefit Quantity Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response, used if it is necessary to indicate if authorization or certification is required. Industry: Authorization or Certification Indicator MEDI-CAL NOTE: 'Y' or 'N'. A "Y" value indicates that an authorization or certification is required per plan provisions. An "N" value indicates that an authorization or certification is not required per plan provisions. A "U" value indicates it is unknown whether the plan provisions require an authorization or certification. Code Name N No Y Yes	O	ID	1/1	Situational	1

REF Reference Identification

Pos: 190	Max: 9
Detail - Optional	
Loop: 2110	Elements: 3

User Option (Usage): Situational

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

REF*18*.....*(Hex'0D')

REF*G1*.....*(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2110 loop for the Subscriber, and can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification. MEDI-CAL NOTE: Used only in an EB loop with EB01 = 'R'.	M	ID	2/3	Required	1
		Code Name					
	18	Plan Number Description: The unique identification number assigned for a defined contribution plan.					
	1L	Group or Policy Number Description: Use this code only if it cannot be determined if the number is a Group Number or a Policy number. Use codes "IG" or "6P" when they can be determined.					
	1W	Member Identification Number					
	49	Family Unit Number Description: An identification number assigned to siblings within the same family.					
	6P	Group Number					
	9F	Referral Number					
	A6	Employee Identification Number					
	F6	Health Insurance Claim (HIC) Number Description: A unique number assigned by the government to each person entitled to Medicare benefits					
	G1	Prior Authorization Number Description: An authorization number acquired prior to the submission of a claim.					
	IG	Insurance Policy Number					
	N6	Plan Network Identification Number Description: A number assigned to identify a specific health care network that provides health care services to insured members.					
	NQ	Medicaid Subscriber Identification Number Description: Unique identification number assigned to each member covered under a subscriber's contract.					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.	M	AN	1/30	Required	1
		Industry: Subscriber Eligibility or Benefit Identifier					
REF03	352	Description Description: A free-form description to clarify the related data elements and their content.	O	AN	1/80	Situational	1
		Industry: Plan Sponsor Name					

DTP Date or Time or Period

Pos: 200	Max: 20
Detail - Optional	
Loop: 2110	Elements: 3

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

DTP*102*D8*CCYYMMDD(Hex'0D')

DTP*307*RD8*CCYYMMDD-CCYYMMDD(Hex'0D')

DTP*472*RD8*CCYYMMDD-CCYYMMDD(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2110 loop for the Subscriber, and can occur 20 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time. Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name					
		102 Issue					
		307 Eligibility					
		Description: Range of dates when the subscriber or dependent were eligible for benefits.					
		458 Certification					
		Description: Date of a document attesting to a fact					
		472 Service					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format. DTP02 is the date or time or period format that will appear in DTP03.	M	ID	2/3	Required	1
		Code Name					
		D8 Date Expressed in Format CCYYMMDD					
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
		Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date.					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times. Industry: Eligibility or Benefit Date Time Period MEDI-CAL NOTE: A date in CCYYMMDD-CCYYMMDD format if DTP01 = 307, else date in CCYYMMDD format.	M	AN	8/17	Required	1

AAA Request Validation

Pos: 210	Max: 9
Detail - Optional	
Loop: 2110	Elements: 3

User Option (Usage): Situational

Comments:

1. Use this segment to indicate problems in processing the transaction specifically related to specific eligibility/benefit inquiry data contained in the original 270 transaction's subscriber eligibility/benefit inquiry information loop (Loop 2110C).

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

AAA*N**15*C(Hex'0D')

AAA*N**60*R(Hex'0D')

AAA*Y**70*Y(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2110 loop for the Subscriber, and can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AAA01	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response. Industry: Valid Request Indicator MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes. Code Name N No Description: Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. Y Yes Description: Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	M	ID	1/1	Required	1
AAA03	901	Reject Reason Code Description: Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content. MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes. Code Name 15 Required application data missing 52 Service Dates Not Within Provider Plan Enrollment 53 Inquired Benefit Inconsistent with Provider Type 54 Inappropriate Product/Service ID Qualifier 55 Inappropriate Product/Service ID 56 Inappropriate Date 57 Invalid/Missing Date(s) of Service 60 Subscriber Birth Date Follows Date(s) of Service 61 Date of Death Precedes Date(s) of Service 62 Service Date Not Within Allowable Inquiry Period 63 Service Date in Future 69 Inconsistent with Patient's Age 70 Inconsistent with Patient's Gender	M	ID	2/2	Required	1
AAA04	889	Follow-up Action Code Description: Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable). MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes. Code Name C Please Correct and Resubmit N Resubmission Not Allowed R Resubmission Allowed	M	ID	1/1	Required	1

Code **Name**

W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

MSG Message Text

Pos: 220	Max: 10
Detail - Optional	
Loop: 2110	Elements: 1

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

MSG*(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2110 loop for the Subscriber, and can occur 10 times.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
MSG01	933	Free-Form Message Text	M	AN	1/264	Required	1
		Description: Free-form message text.					
		MEDI-CAL NOTE: Additional eligibility data that cannot be codified.					

LS Loop Header

Pos: 230	Max: 1
Heading - Optional	
Loop: 2110	Elements: 1

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

LS*2120(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2110 loop (Subscriber-2110C).

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
LS01	447	Loop Identifier Code Description: The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE. The loop identifier in the loop header and trailer must be identical. MEDI-CAL NOTE: '2120', per the Implementation Guide.	M	AN	1/4	Required	1

Loop 2120

Pos: 240	Repeat: 1
	Optional
Loop: 2120	Elements:
	N/A

MEDI-CAL NOTE:

All the segments may be present for the third occurrence of the 2120 loop for the Subscriber-2120C.

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
250	NM1	Individual or Organizational Name	O	1		Situational
260	PER	Administrative Communications Contact	O	3		Situational

NM1 Individual or Organizational Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2120	Elements: 8

User Option (Usage): Situational

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

NM1*1P*1*****FI*
 .(Hex'0D')
 NM1*13*2*****34*(Hex'0D')
 NM1*SEP*2*****FA*(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2120 loop for the Subscriber.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual. <u>Code</u> <u>Name</u> 13 Contracted Service Provider 1P Provider 2B Third-Party Administrator 36 Employer 73 Other Physician Description: Physician not one of the other specified choices. FA Facility GP Gateway Provider Description: Identifies a gateway access provider. IL Insured or Subscriber Description: Use if identifying an insured or subscriber to a plan other than the information source (such as in a co-ordination of benefits situation). LR Legal Representative P3 Primary Care Provider Description: Physician that is selected by the insured to provide medical care. P4 Prior Insurance Carrier P5 Plan Sponsor PR Payer VN Vendor X3 Utilization Management Organization PRP Primary Payer SEP Secondary Payer TTP Tertiary Payer	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity. This code indicates whether the entity is an individual person or an organization. MEDI-CAL NOTE: Use '1' for Person when the Provider is doing business a sole proprietor, otherwise '2' for Non-Person Entity. <u>Code</u> <u>Name</u> 1 Person 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name. Use this name for the organization name if the entity type qualifier is a non-person entity. Otherwise, this will be the individual's last name. Industry: Benefit Related Entity Last or Organization Name	O	AN	1/35	Situational	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
NM104	1036	Name First Description: Individual first name. Industry: Benefit Related Entity First Name MEDI-CAL NOTE: Possibly provider first name if NM102 is "1".	O	AN	1/25	Situational	1
NM105	1037	Name Middle Description: Individual middle name or initial. Industry: Benefit Related Entity Middle Name MEDI-CAL NOTE: Possibly provider middle initial if NM102 is "1".	O	AN	1/25	Situational	1
NM107	1039	Name Suffix Description: Suffix to individual name. Industry: Benefit Related Entity Name Suffix MEDI-CAL NOTE: Possibly provider suffix ('Sr', 'Jr', 'III') if NM102 is "1".	O	AN	1/10	Situational	1
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67). <u>Code</u> <u>Name</u> 24 Employer's Identification Number 34 Social Security Number Description: The social security number may not be used for any Federally administered programs such as Medicare. 46 Electronic Transmitter Identification Number (ETIN) Description: A unique number assigned to each transmitter and software developer. FA Facility Identification FI Federal Taxpayer's Identification Number MI Member Identification Number Description: Use this code to identify the entity's Member Identification Number associated with a payer other than the information source in Loop 2100A. This code may only be used prior to the mandated use of code "ZZ". NI National Association of Insurance Commissioners (NAIC) Identification PI Payor Identification PP Pharmacy Processor Number Description: Unique number assigned to each pharmacy for submitting claims. SV Service Provider Number XV Health Care Financing Administration National Payer Identification Number (PAYERID) Description: Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. 540: Health Care Financing Administration National PlanID. XX Health Care Financing Administration National Provider Identifier Description: Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. ZZ Mutually Defined Description: The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.	O	ID	1/2	Situational	1
NM109	67	Identification Code Description: Code identifying a party or other code. Use this code for the reference number as qualified by the preceding data element (NM108). Industry: Benefit Related Entity Identifier <u>ExternalCodeList</u> Name: 245 Description: National Association of Insurance Commissioners (NAIC) Code <u>ExternalCodeList</u> Name: 537 Description: Health Care Financing Administration National Provider Identifier <u>ExternalCodeList</u> Name: 540 Description: Health Care Financing Administration National PlanID	O	AN	2/80	Situational	1

PER Administrative Communications Contact

Pos: 260	Max: 3
Detail - Optional	
Loop: 2120	Elements: 4

User Option (Usage): Situational

Syntax:

1. P0304 - If either PER03,PER04 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

PER*IC**TE*(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2110 loop for the Subscriber, and can occur 3 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named. Code Name IC Information Contact	M	ID	2/2	Required	1
PER02	93	Name Description: Free-form name. This name is the individual's name or group's name used when contacting the individual or organization. Industry: Benefit Related Entity Contact Name	O	AN	1/60	Situational	1
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number. Code Name TE Telephone	O	ID	2/2	Situational	1
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable. This number is for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC where AAA = Area Code & BBBCCCC = Local Number. Industry: Benefit Related Entity Communication Number	O	AN	1/10	Situational	1

LE Loop Trailer

Pos: 270	Max: 1
Summary - Optional	
Loop: 2110	Elements: 1

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

LE*2120(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2110 loop for the Subscriber.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
LE01	447	Loop Identifier Code Description: The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE. The loop identifier in the loop header and trailer must be identical. MEDI-CAL NOTE: '2120', per the Implementation Guide.	M	AN	1/4	Required	1

SE Transaction Set Trailer

Pos: 280	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

SE*.....*000000001(Hex'0D')

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
SE01	96	Number of Included Segments Description: A count of the number of segments included in the transaction set (inclusive of the ST and SE segments). Industry: Transaction Segment Count	M	N9	1/10	Required	1
SE02	329	Transaction Set Control Number Description: Identifying control number, assigned and maintained by the transaction set sender, and must match ST02. MEDI-CAL NOTE: '000000001'. This number must be identical to ST02.	M	N9	9/9	Required	1

GE Functional Group Trailer

Pos: 290	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

GE*1*000000001(Hex'0D')

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
GE01	97	Number of Transaction Sets Included Description: A count of the number of transaction sets included in the functional group. MEDI-CAL NOTE: '1'.	M	N1	1/1	Required	1
GE02	28	Group Control Number Description: Identifying control number, assigned and maintained by the functional group sender, and must match GS06. MEDI-CAL NOTE: '000000001'. This number must be identical to GS06.	M	N9	9/9	Required	1

IEA Interchange Control Trailer

Pos: 300	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

IEA*2*000000001(Hex'0D')

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
IEA01	I16	Number of Included Functional Groups Description: A count of the number of functional groups included in the interchange response. MEDI-CAL NOTE: '2', because the HB-271 is included, and the TX-864 (Provider Mail) as well.	M	N1	1/1	Required	1
IEA02	I12	Interchange Control Number Description: Identifying control number, assigned and maintained by the interchange response sender, and must match ISA13. MEDI-CAL NOTE: '000000001'. This number must be identical to ISA13.	M	N9	9/9	Required	1

Appendix

All Included Elements in All Included Segments

<u>Id</u>	<u>Elements</u>	<u>Used in Segments</u>
101	Authorization Information Qualifier	IEA, ISA, TA1
19	City Name	N4
26	Country Code	N4
28	Group Control Number	GE, GS
66	Identification Code Qualifier	NM1
67	Identification Code	NM1
93	Name	PER
96	Number of Included Segments	SE
97	Number of Transaction Sets Included	GE
98	Entity Identifier Code	NM1
116	Postal Code	N4
124	Application Receiver's Code	GS
127	Reference Identification	BHT, PRV, REF, TRN
128	Reference Identification Qualifier	PRV, REF
142	Application Sender's Code	GS
143	Transaction Set Identifier Code	ST
156	State or Province Code	N4
166	Address Information	N3
309	Location Qualifier	N4
310	Location Identifier	N4
329	Transaction Set Control Number	SE, ST
337	Time	BHT, GS
352	Description	REF
353	Transaction Set Purpose Code	BHT
355	Unit or Basis for Measurement Code	HSD
364	Communication Number	PER
365	Communication Number Qualifier	PER
366	Contact Function Code	PER
373	Date	BHT, GS
374	Date/Time Qualifier	DTP
380	Quantity	EB, HSD
447	Loop Identifier Code	LE, LS
455	Responsible Agency Code	GS
479	Functional Identifier Code	GS
480	Version / Release / Industry Identifier Code	GS
481	Trace Type Code	TRN
509	Originating Company Identifier	TRN
615	Time Period Qualifier	EB, HSD
616	Number of Periods	HSD
628	Hierarchical ID Number	HL
673	Quantity Qualifier	EB, HSD
678	Ship/Delivery or Calendar Pattern Code	HSD
679	Ship/Delivery Pattern Time Code	HSD
734	Hierarchical Parent ID Number	HL
735	Hierarchical Level Code	HL
736	Hierarchical Child Code	HL
782	Monetary Amount	EB
875	Maintenance Type Code	INS
889	Follow-up Action Code	AAA
901	Reject Reason Code	AAA
933	Free-Form Message Text	MSG
954	Percent	EB
1005	Hierarchical Structure Code	BHT
1035	Name Last or Organization Name	NM1
1036	Name First	NM1
1037	Initial Middle	NM1
1039	Name Suffix	NM1
1065	Entity Type Qualifier	NM1
1068	Gender Code	DMG
1069	Individual Relationship Code	INS
1073	Yes/No Condition or Response Code	AAA, EB, INS
1167	Sample Selection Modulus	HSD
1203	Maintenance Reason Code	INS
1204	Plan Coverage Description	EB
1207	Coverage Level Code	EB

<u>Id</u>	<u>Elements</u>	<u>Used in Segments</u>
1220	Student Status Code	INS
1221	Provider Code	PRV
1250	Date Time Period Format Qualifier	DMG, DTP
1251	Date Time Period	DMG, DTP
1270	Code List Qualifier Code	III
1271	Industry Code	III
1336	Insurance Type Code	EB
1365	Service Type Code	EB
1390	Eligibility or Benefit Information	EB
1470	Number	INS